

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L22000383797301804

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : US CONTADOR INC
Account Number : 120200000121
Phone : (770)928-2700
Fax Number : (888)772-8108

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
S&T CONSULTING USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 NOV 9 PM 4:20

2022 NOV -9 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF
 S&T CONSULTING USA LLC**

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/06/2022

Florida document number L22000301804

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4855 W HILLSBORO BLVD B3

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4855 W HILLSBORO BLVD B3

COCONUT CREEK, FL 33073

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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		<hr/>	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 7TH, 2022

Jan

Signature of a member or authorized representative of a member

LUIS A MOLINA ARCIENEGA

Typed or printed name of signee

Doc ID: 8aec01610ef54461f98f58d2639bc163e0f0f8b6